

STATE OF HAWAII
HAWAII LABOR RELATIONS BOARD

UNFAIR LABOR PRACTICE COMPLAINT

CASE NO. _____

INSTRUCTIONS. Submit the original and four copies of this Complaint to the Hawaii Labor Relations Board, 830 Punchbowl Street, Room 434, Honolulu, Hawaii 96813. If more space is required for any item, attach additional sheets, numbering each item accordingly.

1. The Petitioner alleges that the following circumstances exist and requests that the Hawaii Labor Relations Board proceed pursuant to the Hawaii Revised Statutes Sections 377-6, 377-7, 377-8 and 377-9, and its Administrative Rules, to determine whether there has been any violation of Hawaii Revised Statutes Chapter 377.

2. COMPLAINANT

a. Name, address and telephone number.

b. Name, address and telephone number of the principal representative, if any, to whom correspondence is to be directed.

c. Name and address of national or international affiliate if Complainant is a labor organization.

3. RESPONDENT

a. Name, address and telephone number.

b. Name, address and telephone number of the principal representative, if known, to whom correspondent is to be directed.

4. ALLEGATIONS

The Complainant alleges that the above-named respondent(s) has (have) engaged in or is (are) engaging in unfair labor practice or practices within the meaning of Hawaii Revised Statutes Sections 377-6, 377-7 or 377-8. (Specify in detail the particular alleged violation, including the subsection or subsections of the Hawaii Revised Statutes, Sections 377-6 and 377-7, alleged to have been violated, together with a complete statement of the facts supporting the complaint, including specific facts as to names, dates, times, and places involved in the acts alleged to be improper.)

5. Provide a clear and concise statement of any other relevant facts.

DECLARATION in Lieu of Affidavit

(If the Complainant is self-represented, then the Complainant must sign this Declaration).

Please select one:

the Complainant

the Complainant's Personal Representative

the person described below

I, _____,
do declare under penalty of law that the foregoing is true and correct.

Dated:

(Signature)

If you are not the Complainant or listed as the Personal Representative in #2(b) and you are signing above, then please complete the contact information below.

Your address:

Your phone number:

Your email:

Your relationship to the Complainant:

If the Complainant or Personal Representative is registered with File and ServeXpress (FSX), then you may proceed to electronically file this complaint.

If the Complainant or the Personal Representative is not registered with FSX and would like to electronically file this complaint through FSX, then please complete the Board Agreement attached and email it to DLIR.LaborBoard@hawaii.gov. and the Board staff will send you instructions on how to register with FSX in order to electronically file this complaint.